



DUE DATE
FEBRUARY 12, 1998

If you have questions concerning this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return any correspondence with your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Call for assistance, 8:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the SAME as that used for this establishment on its 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No - Enter current 9 digit EIN

Person within your company to contact regarding this report. If this information is incorrect or blank, please enter the correct information in item 22 at the end of the questionnaire.

Name Telephone
Area Code Number Extension

-

TAB IND-T AREA INFL CCS

Item 1B. PHYSICAL LOCATION -
(Answer a through c)

a. If this establishment is NOT located in the State, county, and place, mark correction at right.

(1) Number and street

(2) City, village, or other place State ZIP Code

(3) County (4) If you corrected lines 1, 2, or 3, give year moved to new location 19

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc., indicated in part a(2)?

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Don't know

c. Type of municipality indicated in part a(2)

096 1 ☐ City, village, or borough 2 ☐ Town or township 3 ☐ Other or don't know

Item 2. EMPLOYMENT IN 1997

a. Number of PRODUCTION WORKERS during pay period including the 12th of month (Include both full- and part-time employees)

(1) March 12

(2) May 12

(3) August 12

(4) November 12

Key 1997 1996

301

302

303

304

b. Sum of lines (1) through (4)

305

c. Average annual production workers (Divide line b by 4 - omit fractions)

306

d. ALL OTHER EMPLOYEES (Pay period including March 12)

307

e. Total (Sum of lines c and d)

308

Item 3A. ANNUAL PAYROLL (Exclude fringe benefits)

Mil. Thou. Thou.

a. Production workers' wages

309

b. All other salaries and wages

310

c. Total (Sum of lines a and b)

311

Item 3B. FIRST QUARTER PAYROLL (Exclude fringe benefits)
Total payroll for the first quarter (January-March)

315

Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (Annual supplemental labor costs)
Total legally required and payments for voluntary programs (Exclude from items 3A and 3B)

314

Item 4. PLANT HOURS WORKED BY PRODUCTION WORKERS IN 1997 (Annual)
Total plant hours worked by production workers in 1997

320

MA

Item 5A. TOTAL SHIPMENTS AND OTHER RECEIPTS For 1997, report the total value of products shipped and other receipts (report detail in item 18B). This value should be comparable to the total reported for 1996. If the two figures are not comparable, please explain the reasons why in the REMARKS section.	Key	Products shipped				
		1997		1996		
		Mil.	Thou.	Mark (X) if "0"	Thou.	
	330			<input type="checkbox"/> 0		
Item 5B. VALUE OF PRODUCTS EXPORTED (This is a breakout of the value reported in item 5A) Report the value of PRODUCTS SHIPPED FOR EXPORT. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. DO NOT INCLUDE PRODUCTS SHIPPED FOR FURTHER MANUFACTURE, ASSEMBLE, OR FABRICATION IN THE UNITED STATES.	Key	Products exported				
		1997		1996		
		Mil.	Thou.	Mark (X) if "0"	Thou.	
	399			<input type="checkbox"/> 0		
Item 5C. SHIPMENTS TO OTHER DOMESTIC PLANTS OF YOUR COMPANY FOR FURTHER ASSEMBLY, FABRICATION, OR MANUFACTURE. (This is a breakout of the value reported in item 5A) a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"? <input type="checkbox"/> Yes – SKIP to item 6 <input type="checkbox"/> No – Complete b, below ➤ b. Market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture	Key	Products shipped				
		1997		1996		
		Mil.	Thou.	Mark (X) if "0"	Thou.	
	376			<input type="checkbox"/> 0		
Item 6. DEPRECIABLE ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS (Refer to the instructions for how to report leasing arrangements) a. Gross value of depreciable assets (usually original cost) at beginning of year (exclude land) b. Total capital expenditures (new and used) during the year (Line b1 + b2) 1. Capital expenditures for new and used buildings and other structures (excluding land) 2. Capital expenditures for new and used machinery and equipment c. Total retirements and disposition of depreciable assets (gross value of assets sold, retired, scrapped, destroyed, etc.) d. Gross value of depreciable assets (usually original cost) at the end of the year (exclude land) (Line a plus b minus c equals d)	Key	1997		1996		
		Mil.	Thou.	Mark (X) if "0"	Thou.	
	341			<input type="checkbox"/> 0		
	350			<input type="checkbox"/> 0		
	348			<input type="checkbox"/> 0		
	349			<input type="checkbox"/> 0		
	353			<input type="checkbox"/> 0		
	356			<input type="checkbox"/> 0		
	Item 7. TOTAL DEPRECIATION CHARGES FOR THE YEAR	359			<input type="checkbox"/> 0	
	Item 8. TOTAL RENTAL PAYMENTS FOR THE YEAR (Including land)					
	a. Rental payments for buildings and other structures, including land	360			<input type="checkbox"/> 0	
	b. Rental payments for machinery and equipment	361			<input type="checkbox"/> 0	
c. Total (Sum of lines a and b)	362			<input type="checkbox"/> 0		
Item 9. SELECTED PURCHASED SERVICES (See Instructions)	Key	1997				
		Mil.	Thou.	Mark (X) if "0"		
	a. Repair of buildings and other structures	390			<input type="checkbox"/> 0	
	b. Repair of machinery	391			<input type="checkbox"/> 0	
	c. Communication services (telephone, data transmission, fax, telegraph, etc.)	392				
	d. Legal services	372			<input type="checkbox"/> 0	
	e. Accounting and bookkeeping services	373			<input type="checkbox"/> 0	
	f. Advertising	374			<input type="checkbox"/> 0	
	g. Software and other data processing services	380			<input type="checkbox"/> 0	
	h. Refuse removal (include hazardous waste)	398			<input type="checkbox"/> 0	
CONTINUE ON PAGE 3						

If not shown, please enter your 11-digit Census File Number from the address label on page 1		Census File Number							
Item 10. COST OF MATERIALS AND CONTRACT WORK		Key	1997		Mark (X) if "0"	1996			
			Mil.	Thou.		Thou.			
a. Cost of materials, parts, containers, etc., used (Report detail in item 17)		321			<input type="checkbox"/> 0				
b. Cost of products bought and sold as such without further processing or assembly (Report sales in item 18B)		322			<input type="checkbox"/> 0				
c. Cost of fuels consumed for heat and power		323			<input type="checkbox"/> 0				
d. Cost of purchased electricity (Report quantity in item 11, line a)		324			<input type="checkbox"/> 0				
e. Cost of contract work done for you by others on your materials		325			<input type="checkbox"/> 0				
f. Total (Sum of a through e)		326			<input type="checkbox"/> 0				
Item 11. QUANTITY OF ELECTRICITY		Key	1997		Mark (X) if "0"	1996			
			Kilowatthours			Kilowatthours			
			Mil.	Thou.		Thou.			
a. Purchased electricity (Quantity comparable to cost reported in item 10, line d)		327			<input type="checkbox"/> 0				
b. Generated electricity (Gross less generating station use)		328			<input type="checkbox"/> 0				
c. Electricity sold or transferred to other establishments (Included in item 11a or 11b)		329			<input type="checkbox"/> 0				
Item 12. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years)		Key	1997		Mark (X) if "0"	Key	1996		Mark (X) if "0"
			Mil.	Thou.			Mil.	Thou.	
Report inventories at cost or market using generally accepted accounting methods.					<input type="checkbox"/> 0	331			<input type="checkbox"/> 0
Are inventories of this establishment subject to the LIFO method of valuation?					<input type="checkbox"/> 0	332			<input type="checkbox"/> 0
					<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
230 1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing lines a through e(2).					<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
Note: If you changed to LIFO for calendar year ending 1997, specify in the REMARKS section.					<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
					<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
2 <input type="checkbox"/> No – Complete only lines a through e(1) Note: Line e(1) should equal line d					<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
					<input type="checkbox"/> 0	367			<input type="checkbox"/> 0
Item 13. METHOD OF VALUATION FOR INVENTORIES NOT SUBJECT TO LIFO COSTING						Key	Amount at end of 1997		
Using the inventory total reported for this establishment in item 12, line e(1) for end of 1997, indicate the breakdown of that total according to the inventory valuation methods shown.							Mil.	Thou.	
a. First-in, First-out (FIFO)						381			
b. Average cost						383			
c. Standard cost						385			
d. Other methods, including market basis – Specify method						386			
e. Total (Sum of a through d equals the total reported in item 12, line e(1) for end of 1997)						389			
CONTINUE ON PAGE 4									

Item 14. LEGAL FORM OF ORGANIZATION

Mark (X) in the ONE box that best describes this establishment during 1997.

003

1

☐ Individual proprietorship

5

☐ Government – Specify

2

☐ Partnership

0

☐ Corporation (do not mark if any form of cooperative association)

3

☐ Cooperative association (taxable)

9

☐ Other – Specify

4

☐ Cooperative association (tax-exempt)

Item 15. OPERATIONAL STATUS

Mark (X) in the ONE box that best describes this establishment at the end of 1997.

001

1

☐ In operation

2

☐ Temporarily or seasonally inactive

3

☐ Ceased operation – Give date at right

4

☐ Sold or leased TO another operator – Give date at right AND enter name, etc., below

5

☐ Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

GIVE DATE →

Enter figures only

Month

Day

Year

Name of new/former owner or operator

002

Employer Identification Number (9 digits)

Number and street

City

State

ZIP Code

Item 16. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the FIRST DIGIT of your Census File Number (imprinted in the address box) "0"?

☐ Yes – Answer parts b–d

☐ No – SKIP to item 17

097

b. Is this company owned or controlled by another company?

1

☐ Yes →

2

☐ No

Name and address of owning or controlling company

Kind of business of this company

Employer Identification Number (9 digits)

098

c. Does this company own or control any other company or companies?

1

☐ Yes →

2

☐ No

Name and address of owned or controlled company
If more space is needed attach a separate sheet

Kind of business of this company

Employer Identification Number (9 digits)

d. Did this company operate at more than one location during 1997? If more space is needed, attach a separate sheet.

079

1

☐ Yes – List additional locations below.

2

☐ No – SKIP to item 17

Physical address of business location (Number and street, city, State, ZIP Code)		Kind of business (KB) at this location and Employer Identification Number		Sales and receipts		Annual payroll		Number of employees during pay period including March 12	Are these figures included in other items on this report?
(1)		(2)		(3)		(4)		(5)	(6)
				Mil.	Thou.	Mil.	Thou.		
091	1	2	KB	4		5		6	7
									<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
092	1	2	KB	4		5		6	7
									<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
093	1	2	KB	4		5		6	7
									<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>

CONTINUE ON PAGE 5

FORM MA-1000 (5-27-97)